

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 1008704 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14						
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31	1					
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43	1					
44	1					
45	1					
46	1					
47						
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	79					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54	1					
55	1					
56		1				
57		1				
58		1				
59	1					
60	1					
61		1				
62		1				
63		1				
64	1					
65		1				
66	1					
67	1					
68	1					
69						
70	1					
71	1					
72	1					
73		1				
74	1					
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						